Privacy Impact Assessment - West Los Angeles VAMC Vista-VMS

PRIVACY IMPACT ASSESSMENT 2008

INTRODUCTION:

Congress passed the E-Government Act of 2002 to encourage the use of Web-based Internet applications or other information technology by Government agencies, with the intention of enhancing access to government information and services and increasing the effectiveness, efficiency, and quality of government operations.

To combat public concerns regarding the disclosure of private information, the E-Government Act mandated various measures, including the requirement that Federal agencies conduct a Privacy Impact Assessment (PIA) for projects with information technology systems that collect, maintain, and/or disseminate "personally identifiable information" of the public. Personally identifiable information, or "personal information," is information that may be used to identify a specific person. Appendix A, "Applicable Legal and Regulatory Requirements" summarizes the applicable legal and regulatory requirements that are addressed by the PIA process.

Update regarding PIV projects: Federal Information Processing Standards Publication (FIPS PUB) 201 Personal Identity Verification (PIV) of Federal Employees and Contractors and subsequent OMB guidance explicitly require PIAs for PIV projects collecting any personal data, not just of the public.

Primary Privacy Impact Assessment objectives include:

o Ensure and promote the trust and confidence of Veterans and the general public.

o Ensure compliance with the eGov Act and other applicable privacy laws, regulations and policies, including the PIV regulations.

o Identify the risks and adverse effects of collecting, maintaining and disseminating personal information in electronic information systems.

o Evaluate and develop protections and alternative processes for handling information to mitigate potential privacy risks.

Additional important objectives include:

o Provide a mechanism for ensuring responsibility and accountability for privacy issues.

o Provide documented assurance that privacy, security and other vital data stewardship considerations are integrated into information technology systems, starting with the initial outlining of a project's objectives and data usage requirements and continuing through design, operation, maintenance and disposal.

o Ensure that decision-makers are provided the information required to make informed system design or procurement decisions, based on an understanding of privacy risk, and of options available for mitigating that risk.

o Greatly reduce the risk of needing to interrupt a program or service because privacy and other vital data stewardship considerations were not adequately addressed before the program or service was implemented.

o Promote awareness and understanding of privacy issues.

o Provide valuable documentation on the flow of personal information, and related privacy considerations and design decisions.

Completion of this PIA Form:

o Part I (Sections 1 and 2) of this form must be completed for all projects. Part I documents basic project

information and establish whether a full PIA is required.

o This entire PIA Form (Parts I and II) must be completed/updated every year for all projects with information technology (IT) systems that collect, maintain, and/or disseminate "personally identifiable information" information that may be used to identify a specific person of the public, OR is a PIV project.

Important Note: While this form provides detailed instructions for completing a Privacy Impact Assessment for your project, support documents that provide additional guidance are available on the OCIS Portal (VA network access required).

Part I. Project Identification and Determination of PIA Requirement

1. PROJECT IDENTIFICATION:

1.1) Project Basic Information:

1.1.a) Project or Application Name:

REGION 01 VHA_VISN22_WEST LOS ANGELES VAMC_VISTA_VMS (VISTA LEGACY)

1.1.b) OMB Unique Project Identifier:

029-00-01-11-01-1180-00 29-00-01-11-01-1180-00

1.1.c) Concise Project Description

Provide a concise description of the project. Your response will be automatically limited to approximately 200 words, and should provide a basic understanding of the project, and its most essential elements. (If applicable, use of personal data is to be described in Section 3.)

Region 01 VHA_VISN22_West Log Angeles VAMC_VISTA_VMS (VistA Legacy) is located at the VA Regional Data Center in Sacramento, California, and our GLA Vista Legacy backup is located at the VA Regional Data Center in Englewood, Colorado. The VistA Legacy is comprised of computer equipment, a software platform and hardware infrastructure (associated with clinical operations and administrative operations) on which the VA Greater Los Angeles Healthcare System (GLA) operates within the VHA health care environment.

GLA's Region 01 VHA_VISN22_West Log Angeles VAMC_VISTA_VMS (VistA Legacy) is available throughout all of the VA Greater Los Angeles Healthcare System main hospital, nursing homes, domiciliaries, ambulatory care centers and our community-based clinics and provides our facility with links to other VA's nation-wide. VistA Legacy is an integrated hospital information system which utilizes a MUMPS-based internally developed portfolio. VistA Legacy provides access and support to a variety of clinical and administrative applications, related to direct patient care. The VistA Legacy runs on two core platforms, Microsoft Windows 2000 (W2K)/Cache and Virtual Memory System (VMS)/Cache. This facility operates the following:

InterSystems Cache on Microsoft Windows 2000 [W2K/Cache]
InterSystems Cache on VMS [VMS/Cache]

VistA Legacy began in 1982 as DHCP, and today it is one of the most comprehensive integrated health information systems in the United States.

1.1.d) Additional Project Information (Optional)

The project description provided above should be a concise, stand-alone description of the project. Use this section to provide any important, supporting details.

1.2) Contact Information:

	1.2.a) Person completing this document:
	Title: Angeline Brady, Information Security Officer
	Organization: OI&T
	Telephone Number: 818-891-7711 x7863
	Email Address: angeline.brady@va.gov
	1.2.b) Project Manager:
	Name/ Title:Eric Raffin, Director, Region 1
	Organization: OI&T
	Telephone Number: (916) 258-7288
	Email Address: eric.raffin@va.gov
	1.2.c) Staff Contact Person:
	Title: Jenelle Happy, Privacy Officer
	Organization: VA Greater Los Angeles Healthcare System (691)
	Telephone Number: 310-478-3711 x41513
	Email Address: jenelda.happy@va.gov

ADDITIONAL INFORMATION: If appropriate, provide explanation for limited answers, such as the development stage of project.

		SECTION INCOMPLETE
	x	**SECTION COMPLETED**
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "YES" and submit again.
		Section Update Date

Section 1 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
	x	The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "YES" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

2. DETERMINATION OF PIA REQUIREMENTS:

A privacy impact assessment (PIA) is required for all VA projects with IT systems that collect, maintain, and/or disseminate personally identifiable information (PII) of the public, not including information of Federal employees and others performing work for VA (such as contractors, interns, volunteers, etc.), unless it is a PIV project. All PIV projects collecting any PII must complete a PIA. PII is any representation of information that permits the identity of an individual to be reasonably inferred by either direct or indirect means. Direct references include: name, address, social security number, telephone number, email address, financial information, or other identifying number or code. Indirect references are any information by which an agency intends to identify specific individuals in conjunction with other data elements. Examples of indirect references include a combination of gender, race, birth date, geographic indicator and other descriptors.

2.a) Will the project collect and/or maintain personally identifiable information in IT systems?

YES

2. b) Is this a PIV project collecting PII, including from Federal employees, contractors, and others performing work for VA?

No

If "YES" to either question then a PIA is required for this project. Complete the remaining questions on this form. If "NO" to both questions then no PIA is required for this project. Skip to section 13 and affirm.

2.c) Has a previous PIA been completed within the last three years?

YES - at the national level

2.d) Has any changes been made to the system since last PIA?

No

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

Package modifications and updating patches continue to provide enhancements and functionality to the existing VistA-Legacy system.

		SECTION INCOMPLETE
	x	**SECTION COMPLETED**
		I have completed and reviewed my responses in this section.
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		Section Update Date

Section 2 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
	x	The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "YES" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

Part II. Privacy Impact Assessment

3. PROJECT DESCRIPTION:

The purpose of NIST SP 800-60 is to address recommending the types of information and information systems to be included in each category of potential security impact. Using NIST SP800-60, enter the information requested to describe the project.

3.a) Provide a concise description of why personal information is maintained for this project, such as determining eligibility for benefits or providing patient care.

All data collected is necessary to provide congressionally mandated health care and benefits for our nation's Veterans.

3.b) What specific legal authorities authorize this project, and the associated collection, use, and/or retention of personal information?

Title 38, United States Code, section 7301(a).

3.c) Identify, by selecting the appropriate range from the list below, the approximate number of individuals that (will) have their personal information stored in project systems.

1,000,000 – 9,999,999

3.d) Identify what stage the project/system is in: (1) Design/Planning, (2) Development/Implementation, (3) Operation/Maintenance, (4) Disposal, or (5) Mixed Stages.

Operation/Maintenance

3.e) Identify either the approximate date (MM/YYYY) the project/system will be operational (if in the design or development stage), or the approximate number of years that the project/system has been in operation.

Operational since 1982

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
		SECTION COMPLETED
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and hit submit and then select "YES" and hit submit.
		Section Update Date

Section 3 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
		The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "YES" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

4. SYSTEM OF RECORDS:

The Privacy Act of 1974 (Section 552a of Title 5 of the United States Code) and VA policy provide privacy

protections for employee or customer information that VA or its suppliers maintain in a System of Records (SOR). A SOR is a file or application from which personal information is retrieved by an identifier (e.g. name, unique number or symbol). Data maintained in a SOR must be managed in accordance with the requirements of the Privacy Act and the specific provisions of the applicable SOR Notice. Each SOR Notice is to be published in the Federal Register. See VA Handbook 6300.5 "Procedures for Establishing & Managing Privacy Act Systems Of Records", for additional information regarding Systems of Records.
4.a) Will the project or application retrieve personal information on the basis of name, unique number, symbol, or other identifier assigned to the individual?
If "No" then skip to section 5, 'Data Collection'.
YES
4.b) Are the project and/or system data maintained under one or more approved System(s) of Records?
IF "No" then SKIP to question 4.c.
YES
4.b.1) For each applicable System of Records, list:
(1) The System of Records identifier (number),
79VA19
(2) The name of the System of Records, and
VistA-VA
(3) Provide the location where the specific applicable System of Records Notice(s) may be accessed (include the URL).
http://vaww.vhaco.va.gov/privacy/SystemofRecords.htm
IMPORTANT: For each applicable System of Records Notice that is not accessible via a URL: (1) Provide a concise explanation of why the System of Records Notice is not accessible via a URL in the "Additional Information" field at the end of this section, and (2) Send a copy of the System of Records Notice(s) to the Privacy Service.
4.b.2) Have you read, and will the application comply with, all data management practices in the System of Records Notice(s)?
YES
4.b.3) Was the System(s) of Records created specifically for this project, or created for another project or system?
Created specifically for this project
If created for another project or system, briefly identify the other project or system.
4.b.4) Does the System of Records Notice require modification?
If "No" then skip to section 5, 'Data Collection'.
NO - Modification of the System of Records is NOT Required.
4.b.5) Describe the required modifications.
4.c) If the project and/or system data are not maintained under one or more approved System(s) of Records, select one of the following and provide a concise explanation.

Explanation:

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
		SECTION COMPLETED
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "YES" and submit again.
		Section Update date

Section 4 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
		The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "YES" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

5. DATA COLLECTION:

5.1 Data Types and Data Uses

FIPS 199 establishes security categories for both information and information systems. The security categories are based on the potential impact on an organization should certain events occur which jeopardize the information and information systems needed by the organization to accomplish its assigned mission, protect its assets, fulfill its legal responsibilities, maintain its day-to-day functions, and protect individuals. Security categories are to be used in conjunction with vulnerability and threat information in assessing the risk to an organization. Identify the types of personal information collected

and the intended use(s) of that data:

a) Select all applicable data types below. If the provided data types do not adequately describe a specific data collection, select the "Other Personal Information" field and provide a description of the information.

b) For each selected data type, concisely describe how that data will be used.

Important Note: Please be specific. If different data types or data groups will be used for different purposes or multiple purposes, specify. For example: "Name and address information will be used to communicate with individuals about their benefits, while Name, Service, and Dependent's information will be used to determine which benefits individuals will be eligible to receive. Email address will be used to inform individuals about new services as they become available."

YES	**Veteran personal contact Information (name, address, telephone, diagnosis, medications, etc.)**

Specifically identify the personal information collected, and describe the intended use of the information.

The most common data types captured and accessed on a regular basis by authorized individuals are first and last name, middle initial, DOB, address, SSN, diagnosis, medications, and clinic appointments. This patient information falls into two classes: administrative and clinical. Clinical information is used to diagnose, prescribe treatment, and follow clinically the patient through his/her health care encounters. Administrative data is used to identify the veteran (SSN), correspond to/from (name and address), and determine eligibility (patient administrative info + SSA and ITS data).

No	**Other Personal Information of the Veteran or Primary Subject**

Specifically identify the personal information collected, and describe the intended use of the information.

No	**Dependent Information**

Specifically identify the personal information collected, and describe the intended use of the information.

YES	**Service Information**

Specifically identify the personal information collected, and describe the intended use of the information.

Military Service information (Branch of Service, discharge date, discharge type, service connection rating, medical conditions related to military service, etc.) This information is collected to assess eligibility for VA healthcare benefits, service connected disability, and the, type of healthcare needed.

YES	**Medical Information**

Specifically identify the personal information collected, and describe the intended use of the information.

VistA-Legacy applications meet a wide range of health care data needs. The VistA-Legacy system operates in all VHA medical centers, ambulatory care centers, community-based clinics, nursing homes and domiciliaries; and thus collects a wide range of personal medical information for clinical diagnosis, treatment, patient evaluation, and patient care. Common types of personal medical information medical diagnosis, medications, clinic appointments, and lab test results, prescriptions, allergies, vital signs, etc. The information is collected, for use in direct patient care for the diagnosis and treatment of our veteran patients.

No	**Criminal Record Information**

Specifically identify the personal information collected, and describe the intended use of the information.

YES	**Guardian Information**

Specifically identify the personal information collected, and describe the intended use of the information.

Guardian, next of kin, DNR instructions, health care proxy designations are stored in our VistA Legacy system. This information is used in the notification process and as required for medical decisions.

No	**Education Information**

Specifically identify the personal information collected, and describe the intended use of the information.

YES	**Rehabilitation Information**

Specifically identify the personal information collected, and describe the intended use of the information.

Clinical treatment notes, progress notes, assessments, diagnosis information and medical history information is collected and stored in our VistA Legacy system. This information is used for direct patient care and medical treat of our veteran patients.

YES	**Other Personal Information (specify):**

The "Other Personal Information" field is intended to allow identification of collected personal information that does not fit the provided categories. If personal information is collected that does not fit one of the provided categories, specifically identify this information and describe the intended use of the information.

Spouse, next-of-kin information and emergency contact information (name, address and telephone number) is collected in the veteran's record to use to contact other individuals in case of an emergency. Medical insurance and employment information is collected for medical billing purposes.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
		SECTION COMPLETED
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "YES" and submit again.
		Section Update Date

Section 5.1 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
		The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "YES" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

5.2 Data Sources
Identify the source(s) of the collected information.
a) Select all applicable data source categories provided below.
b) For each category selected:
i) Specifically identify the source(s) - identify each specific organization, agency or other entity that is a source of personal information. ii) Provide a concise description of why information is collected from that source(s). iii) Provide any required additional clarifying information.
Your responses should clearly identify each source of personal information, and explain why information is obtained from each identified source. (Important Note: This section addresses sources of personal information; Section 6.1, "User Access and Data Sharing" addresses sharing of collected personal information.)
Note: PIV projects should use the "Other Source(s)" data source.

YES	**Veteran Source**

Provide a concise description of why information is collected from Veterans. Provide any required additional, clarifying information.
Data is use to identify the veteran, determine eligibility for care, schedule treatment and to manage and provide all aspects of direct patient care.

YES	**Public Source(s)**

i) Specifically identify the Public Source(s) - identify the specific organization(s) or other entity(ies) that supply personal information. ii) Provide a concise description of why information is collected from each identified source. iii) Provide any required additional, clarifying information.
Information is received from MCCF, Third Party Billing, Social Security Administration (SSA), Workman's Compensation Labor Board, IRS, and our Fee Basis medical contracted vendors. This information is used for direct patient care of our veterans and for billing purposes.

YES	**VA Files and Databases**

i) Specifically identify each VA File and/or Database that is a source of personal information. ii) Provide a concise description of why information is collected from each identified source. iii) Provide any required additional, clarifying information.
For VistA-Legacy is comprised of the following packages in which we gather and store patient personal identifiable data. This data is used for direct patient care and treatment of our veteran patients, as well as for billing purposes. **Table** Error! No text of specified style in document.**-1: VistA Legacy Applications Executed at the National Level**

Application	Version	Application	Version
Accounts Receivable **(AR)** ***S***	4.5	Laboratory: Point of Care (POC)	1.0
Admission, Discharge, Transfer/Registration **(ADT/R)**; incorporates PIMS, MAS, & Discharge Summary (DS), Veteran ID Card (VIC), Event Driven Reporting (EDR) menus.	5.3	Laboratory: Universal Interface (**UI**)	5.2
Ambulatory Care Reporting **(ACR)**	5.3	Lexicon Utility **(LU)**	2.0
Automated Medical Information Exchange **(AMIE)**	2.7	Library	2.5
Automated Information Collection System **(AICS)**	3.0	List Manager **(LM)**	
Automated Safety Incident Surveillance Tracking System **(ASISTS)**	2.0	M-to-M Broker (**M2M**)	1.1
Beneficiary Travel **(BT)**	1.0	Mailman (**MM**)	8.0
Blind Rehabilitation	5.0	Master Patient Index **(MPI);** includes Patient Demographics **(PD)**	1.0
Capacity Management Tools **(CMT)**	2.0	Medical Care Cost Recovery (**MCCR**)	1.0
Care Management (HealtheVet)	1.0	Medicine	2.3
Clinical Case Registries (**CCR**); incorporates Hepatitis C Case Registry (**HCCR**), and Immunology Case Registry (**ICR**)	1.5	Mental Health **(MH)**	5.01
Clinical/Health Data Repository **(CHDR)**	1.0	Minimal Patient Dataset (**MPD**)	1.0
Clinical Monitoring System **(CMS)**	1.0	Missing Patient Register **(MPR)**	1.0
Clinical Procedures **(CP)**	1.0	Name Standardization (**NS**)	8.0
Compensation and Pension Records Interchange (**CAPRI**)	2.7	National Laboratory Test **(NLT)**	5.254
Computerized Patient Record System **(CPRS)**	1.0	National Online Information Sharing (**NOIS**)	1.1
CPRS: Adverse Reaction Tracking **(ART)**	4.0	National Patch Module **(NPM)**	
CPRS: Authorization/ Subscription Utility (**ASU**)	1.0	Network Health Exchange **(NHE)**	5.1
CPRS: Clinical Reminders (**CR**)	2.0	Notifications/Alerts **(N/A)**	
CPRS: Consult/Request Tracking **(CRT)**	3.0	Nursing	4.0
CPRS: Health Summary **(HS)**	2.7	Nutrition and Food Service **(NFS)**	5.5
CPRS: Problem List **(PL)**	2.0	Occurrence Screen/Monitor **(OSM)**	3.0
CPRS: Text Integration Utilities **(TIU)**	1.0	Oncology	2.11
Credentials Tracking **(CT)**	2.0	Order Entry/Results Reporting **(OE/RR)**	2.5
Current Procedural Terminology **(CPT)**	6.0	Patient Appointment Information Transmission **(PAIT)**	1.0
Decision Support System **(DSS)** Extracts	3.0	Patient Care Encounter **(PCE);** includes Visit Tracking **(VT)**	1.0
Dentistry	1.2	Patient Data Exchange **(PDX)**	1.5
Diagnostic Related Group **(DRG)** Grouper	18.0	Patient Feedback **(PF)**	2.0
Dietetics	5.0	Patient On Pass Scanner **(POPS)**	
Discharge Summary **(DS)**	1.0	Patient Record Flags	1.0
Drugs & Pharmaceutical Products **(DPP)**	2.0	Patient Representative **(PR)**	2.0
Duplicate Record Merge **(DRM)**	7.3	Personnel And Accounting Integrated Data **(PAID)** ***S***	4.0
Electronic Wait List (**EML**)	1.0	Pharmacy: Automatic Replenishment/ Ward Stock **(AR/WS)**	2.3

EEO Complaint Tracking **(ECT)**	2.0	Pharmacy: Barcode Medication Administration **(BCMA)**	3.0
Employee Education Tracking **(EET)**	4.0	Pharmacy: Centralized Mail Outpatient Pharmacy **(CMOP)**	2.0
Engineering (**AEMS/MERS**)	7.0	Pharmacy: Controlled Substances **(CS)**	3.0
Electronic Claims Management Engine **(ECME)**	1.0	Pharmacy: Drug Accountability **(DA)**	3.0
Electronic Error and Enhancement Requests **(E3R)**	1.0	Pharmacy: Inpatient Medications (**IM**) includes Unit Dose (**UD**) and Intravenous (**IV**)	5.0
Enrollment Application System **(EAS)**	1.0	Pharmacy: National Drug File **(NDF)**	4.0
Equipment/Turn-in Request **(E/TR)**	1.0	Pharmacy: Outpatient Pharmacy **(OP)**	7.0
Event Capture **(EC)**	2.0	Pharmacy: Benefits Management **(PBM)**	4.0
Event Driven Reporting **(EDR)**	1.5	Pharmacy: Data Management (PDM)	1.0
External Peer Review **(EPR)**	1.0	Pharmacy: Prescription Practices **(PPP)**	1.0
FatKAAT	1.0	PIMS (MAS)	5.3
Fee Basis **(FB)** ***S***	3.5	Police & Security	1.0
FileMan ***S***	22.0	Primary Care Management Module **(PCMM)**	5.3
FileMan Delphi Components (**FMDC**)	1.0	Progress Notes **(PN)**	2.5
Functional Independence Measurement (**FIM**)	1.0	Prosthetics	3.0
Fugitive Felon Program	1.0	Quality Management Integration Module (**QMIM**); replaced Quality Assurance Integration **(QAI)**	1.7
Generic Code Sheet **(GCS)**	2.0	Quality Improvement Checklist **(QIC)**	3.1
Group Notes	1.0	Quality: Audiology And Speech Analysis And Reporting **(QUASAR)**	3.0
Health Data Informatics **(HDI)**	1.0	Radiology/Nuclear Medicine **(R/NM)**	5.0
Health Eligibility Center **(HEC)**	1.0	Record Tracking **(RT)**	2.0
Health Level Seven **(HL7)** ***S*** **VistA Messaging**	1.7	Release of Information (**ROI**) Manager	5.0
Home Based Primary Care **(HBPC)**	1.0	Remote Order/Entry System **(ROES)**	3.0
Home TeleHealth	1.0	Remote Procedure Call **(RPC)** Broker ***S***	1.1
Hospital Based Home Care **(HBHC)**	1.0	Resident Assessment Instrument/Minimum Data Set **(RAI/MDS)**	1.0
Hospital Inquiry **(HINQ)**	4.0	Resource Usage Monitor (**RUM**)	2.0
Immunology Case Registry **(ICR)**	2.1	Scheduling	5.3
Incident Reporting **(IR)**	2.0	SingleSignOn/User Control **(SSO/UC)**	8.0
Income Verification Match **(IVM)**	2.0	SlotMaster (Kernel **ZSLOT**)	8.0
Incomplete Records Tracking **(IRT)**	1.0	Social Work **(SW)**	3.0
Institution File Redesign (**IFR**)	8.0	Spinal Cord Dysfunction **(SCD)**	2.0
Intake And Output **(IAO)**	4.0	SQL Interface (**SQLI**)	21.0
Integrated Billing **(IB)** ***S***	2.0	Statistical Analysis of Global Growth (**SAGG**)	1.8

Integrated Funds Distribution, Control Point Activity, Accounting And Procurement **(IFCAP)** ***S***	5.1	Surgery	3.0
Integrated Patient Funds **(IPF)**	3.0	Surgery: Risk Assessment	
Interim Management Support **(IMS)**	1.05	Survey Generator (**SG**)	2.0
International Classification of Diseases, Clinical Modification (**ICD-9-CM**)	1.0	Utilization Management Rollup **(UMR)**	1.0
KAAJEE	1.0.0.019	Veterans Identification Card **(VIC/PICS)**	1.0
Kernel ***S***	8.0	VHS&RA ADP Tracking System	3.0
Kernel Delphi Components (**KDC**)	1.0	Visit Tracking **(VT)**	2.0
Kernel Toolkit (**KT**)	7.3	VistA Data Extraction Framework **(VDEF)**	1.0
Kernel Unwinder (**KU**)	7.1	VistALink (Healthe*V*et) ***S***	1.5
Laboratory:	5.2	VistAWeb	6.0
Laboratory: Anatomic Pathology (**AP**)	5.2	Visual Impairment Service Team **(VIST)**	4.0
Laboratory: Blood Bank (**BB**) ***S***	5.2	Vitals/ Measurement **(V/M)**	5.0
Laboratory: Blood Bank Workarounds (**BBW**) ***S***	1.0	Voluntary Service System (VSS); replaced Voluntary Timekeeping **(VTK)**	4.02
Laboratory: Electronic Data Exchange **(LEDI)**	5.2	Women's Health **(WH)**	1.0
Laboratory: Emerging Pathogens Initiative (**EPI**)	5.2	XML Parser (**XMLP**)	1.1
Laboratory: National Laboratory Tests **(NLT)/LOINC** Request Form	5.2		

S Denotes applications that are designated as "VHA Sensitive Software" by VHA Directive 2004-038. These applications are not to be modified by local sites. All applications listed above are classified as Class I. There are currently no Class II applications operating at the VHA national level. All Class III applications are a site responsibility for identification, reporting, and certification and accreditation.

YES **Other Federal Agency Source(s)**

i) Specifically identify each Federal Agency that is a source of personal information. ii) Provide a concise description of why information is collected from each identified source. iii) Provide any required additional, clarifying information.

Information is received from MCCF, Third Party Billing, Social Security Administration (SSA), Workman's Compensation Labor Board, IRS, and our Fee Basis medical contracted vendors. This information is used for direct patient care of our veterans and for billing purposes.

NO **State Agency Source(s)**

i) Specifically identify each State Agency that is a source of personal information. Ii) Provide a concise description of why information is collected from each identified source. Iii) Provide any required additional, clarifying information.

No	**Local Agency Source(s)**

i) Specifically identify each Local Agency (Government agency other than a Federal or State agency) that is a source of personal information. ii) Provide a concise description of why information is collected from each identified source. iii) Provide any required additional, clarifying information.

No	**Other Source(s)**

i) If the provided Data Source categories do not adequately describe a source of personal information, specifically identify and describe each additional source of personal information. ii) For each identified data source, provide a concise description of why information is collected from that source. iii) Provide any required additional, clarifying information.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
		SECTION COMPLETED
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "YES" and submit again.
		Section Update Date

Section 5.2 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.

		The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "YES" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

5.3 Collection Methods

Identify and describe how personal information is collected:

a) Select all applicable collection methods below. If the provided collection methods do not adequately describe a specific data collection, select the "Other Collection Method" field and provide a description of the collection method. b) For each collection method selected, briefly describe the collection method, and provide additional information as indicated.

YES	**Web Forms:**	Information collected on Web Forms and sent electronically over the Internet to project systems.

Identify the URL(s) of each Web site(s) from which information will be submitted, and the URL(s) of the associated privacy statement. (Note: This question only applies to Web forms that are submitted online. Forms that are accessed online, printed and then mailed or faxed are considered "Paper Forms.")

GLA website, http://www.losangeles.va.gov/, does not have on-line forms for PI but does provide links to other websites where they may enter their information on-line. (examples of links: http://www.va.gov/onlineapps.htm, http://vabenefits.vba.va.gov/vonapp/main.asp, https://www.1010ez.med.va.gov/sec/vha/1010ez/, http://www.myhealth.va.gov/; https://insurance.va.gov/Autoform/index.asp; http://www.va.gov/jobs/career_search.asp, VA Privacy and Security site (http://www.va.gov/privacy the VA Disclaimer site (http://va.gov/disclaim.htm) and the VA FOIA site at http://www.va.gov/oit/egov/rms/foia.asp .

YES	**Paper Forms:**	Information collected on Paper Forms and submitted personally, submitted via Postal Mail and/or submitted via Fax Machine.

Identify and/or describe the paper forms by which data is collected. If applicable, identify standard VA forms by form number.

VA form 1010EZ, 1053-45 VA Consent, and all VA forms bought to the facility by the veteran, or forms that are part of the medical record. These forms may then be mailed through the regular postal service or faxed to the veteran.

YES	**Electronic File Transfer:**	Information stored on one computer/system (not entered via a Web Form) and transferred electronically to project IT systems.

Describe the Electronic File Transfers used to collect information into project systems. (Note: This section addresses only data collection – how information stored in project systems is acquired. Sharing of information stored in project systems and data backups are addressed in subsequent sections.)

MCCF – Third Party Billing, HIMS, SSA, Workman's Compensation Labor Board, IRS, and Fee Basis medical contracted vendors

YES	**Computer Transfer Device:**	Information that is entered and/or stored on one computer/ system and then transferred to project IT systems via an object or device that is used to store data, such as a CD-ROM, floppy disk or tape.

Describe the type of computer transfer device, and the process used to collect information.

PAC x-rays transferred to VistA Imaging, and contract CBOC data is transferred over the LAN to our VistA system. Research data and employee administrative data transferred between VA workstations and our network servers. MCCF – Third Party Billing, HIMS, SSA, Workman's Compensation Labor Board, IRS, and Fee Basis medical contracted vendors may be transferred electronically via our computer systems.

YES	**Telephone Contact:**	Information is collected via telephone.

Describe the process through which information is collected via telephone contacts.

Staff may have a telephone conversation with a veteran to clarify veteran data entered on the VA forms, for health benefits or VA eligibility. GLA direct patient care staff may receive or make telephone contacts with veterans to discuss the medications, treatments, etc.

No	**Other Collection Method:**	Information is collected through a method other that those listed above.

If the provided collection method categories do not adequately describe a specific data collection, select the "Other Collection Method" field and specifically identify and describe the process used to collect information.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
		SECTION COMPLETED

		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "YES" and submit again.
		Section Update Date

Section 5.3 Review:

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		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
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**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "YES" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

5.4 Notice

The Privacy Act of 1974 and VA policy requires that certain disclosures be made to data subjects when information in identifiable form is collected from them. The following questions are directed at notice to the individual of the scope of information collected, the right to consent to uses of said information, and the right to decline to provide information.

5.4.a) Is personally identifiable information collected directly from individual members of the public and maintained in the project's IT systems?

YES, in our VistA Legacy system

Note: If you have selected NO above, then SKIP to Section 5.5, 'Consent'.

5.4.b) Is the data collection mandatory or voluntary?

Mandatory

5.4.c) How are the individuals involved in the information collection notified of the Privacy Policy and whether provision of the information is mandatory or voluntary?

All VHA patient forms; VA Notice of Privacy Policies

5.4.d) Is the data collection new or ongoing?

Ongoing

5.4.e.1) If personally identifiable information is collected online, is a privacy notice provided that includes

the following elements? (Select all applicable boxes.)

NO	**Not applicable**
NO	**Privacy notice is provided on each page of the application.**
NO	**A link to the VA Website Privacy Policy is provided.**
NO	**Proximity and Timing: the notice is provided at the time and point of data collection.**
NO	**Purpose: notice describes the principal purpose(s) for which the information will be used.**
NO	**Authority: notice specifies the legal authority that allows the information to be collected.**
NO	**Conditions: notice specifies if providing information is voluntary, and effects, if any, of not providing it.**
NO	**Disclosures: notice specifies routine use(s) that may be made of the information.**

5.4.e.2) If necessary, provide an explanation on privacy notices for your project:

At the national level, the VistA Legacy project is currently conducting reviews to ensure adherence with Web Page Privacy Policy Directive and Handbook 6502.3. (http://www.va.gov/privacy/)

5.4.f) For each type of collection method used (identified in Section 5.3, "Collection Method"), explain:

a) What the subjects will be told about the information collection. b) How this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). c) How a privacy notice is provided.

Note: if PII is transferred from other projects, explain any agreements or understandings regarding notification of subjects.

YES	**Web Forms:**

Explain:

a) What the subjects will be told about the information collection. b) How this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). c) How a privacy notice is provided.

GLA website, http://www.losangeles.va.gov/, does not have on-line forms for PI but does provide links to other websites where they may enter their information on-line. (examples of links: http://www.va.gov/onlineapps.htm, http://vabenefits.vba.va.gov/vonapp/main.asp, https://www.1010ez.med.va.gov/sec/vha/1010ez/, http://www.myhealth.va.gov/; https://insurance.va.gov/Autoform/index.asp; http://www.va.gov/jobs/career_search.asp, VA Privacy and Security site (http://www.va.gov/privacy the VA Disclaimer site (http://va.gov/disclaim.htm) and the VA FOIA site at http://www.va.gov/oit/egov/rms/foia.asp .

YES	**Paper Forms:**

Explain:

a) What the subjects will be told about the information collection. b) How this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). c) How a privacy notice is

provided.

VA form 1010EZ, 1053-45 VA Consent, and all VA forms bought to the facility by the veteran, or forms that are part of the medical record. These forms may then be mailed through the regular postal service or faxed to the veteran. An explanation of the privacy policy is provided on the forms.

YES **Electronic File Transfer:**

PAC x-rays transferred to VistA Imaging, and contract CBOC data is transferred over the LAN to our VistA system. Research data and employee administrative data transferred between VA workstations and our network servers. MCCF – Third Party Billing, HIMS, SSA, Workman's Compensation Labor Board, IRS, and Fee Basis medical contracted vendors may be transferred electronically via our computer systems.

For electronic transfers of information, where this system is receiving the information from another system and is not collected from the primary information source, please explain what agreements are in place that govern the responsibilities of the system collecting information from the primary information source to notify subjects regarding:

a) What they will be told about the information collection? b) How the message will be conveyed (e.g. written notice, electronic notice if web-based collection, etc.)? c)How a privacy notice is provided?

YES **Computer Transfer Device:**

PAC x-rays transferred to VistA Imaging, and contract CBOC data is transferred over the LAN to our VistA system. Research data and employee administrative data transferred between VA workstations and our network servers. MCCF – Third Party Billing, HIMS, SSA, Workman's Compensation Labor Board, IRS, and Fee Basis medical contracted vendors may be transferred electronically via our computer systems.

For electronic transfers of information, where this system is receiving the information from another system and is not collected from the primary information source, please explain what agreements are in place that govern the responsibilities of the system collecting information from the primary information source to notify subjects regarding:

a) What they will be told about the information collection? b) How the message will be conveyed (e.g. written notice, electronic notice if web-based collection, etc.)? c)How a privacy notice is provided?

YES **Telephone:**

Explain:

a) What the subjects will be told about the information collection. b) How this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). c) How a privacy notice is provided.

Staff may have a telephone conversation with a veteran to clarify veteran data entered on the VA forms, for health benefits or VA eligibility. GLA direct patient care staff may receive or make telephone contacts with veterans to discuss the medications, treatments, etc.

No **Other Method:**

Explain:

a) What the subjects will be told about the information collection. b) How this message will be conveyed to them (e.g., written notice, electronic notice if a web-based collection, etc.). c) How a privacy notice is provided.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
		SECTION COMPLETED
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "YES" and submit again.
		Section Update Date

Section 5.4 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
		The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "YES" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

5.5 Consent For Secondary Use of PII:

The Privacy Act and VA policy require that personally identifiable information only be used for the purpose(s) for which it was collected, unless consent (opt-in) is granted. Individuals must be provided an opportunity to provide consent for any secondary use of information, such as use of collected information for marketing.

5.5.a) Will personally identifiable information be used for any secondary purpose?

Note: If you have selected No above, then SKIP to question 5.6, "Data Quality."

No

5.5.b) Describe and justify any secondary uses of personal information.

5.5.c) For each collection method identified in question 5.3, "Collection Method," describe:

1) The opportunities individuals have to decline to provide information, for instances where providing information is voluntary. 2) The opportunities individuals have to grant consent for particular uses of the information. 3) How individuals may grant consent.

Some examples of consent methods are: (1) Approved OMB consent forms and (2) VA Consent Form (VA Form 1010EZ). Provide justification if no method of consent is provided.

☐ **Web Forms:**

Describe:

1) The opportunities individuals have to decline to provide information, for instances where providing information is voluntary. 2) The opportunities individuals have to grant consent for particular uses of the information. 3) How individuals may grant consent.

☐ **Paper Forms:**

Describe:

1) The opportunities individuals have to decline to provide information, for instances where providing information is voluntary. 2) The opportunities individuals have to grant consent for particular uses of the information. 3) How individuals may grant consent.

☐ **Electronic File Transfer:**

For electronic transfers of information, where this system is receiving the information from another system and is not collected from the primary information source, please explain what agreements are in place that govern the responsibilities of the system collecting information from the primary information source to provide the following:

a) The opportunities individuals have to decline to provide information, for instances where providing information is voluntary. b) The opportunities individuals have to grant consent for particular uses of the information. c) How individuals may grant consent.

☐ **Computer Transfer Device:**

For electronic transfers of information, where this system is receiving the information from another system and is not collected from the primary information source, please explain what agreements are in place

that govern the responsibilities of the system collecting information from the primary information source to provide the following:

a) The opportunities individuals have to decline to provide information, for instances where providing information is voluntary. b) The opportunities individuals have to grant consent for particular uses of the information. c) How individuals may grant consent.

	Telephone Contact Media:

Describe:

1) The opportunities individuals have to decline to provide information, for instances where providing information is voluntary. 2) The opportunities individuals have to grant consent for particular uses of the information. 3) How individuals may grant consent.

	Other Media

Describe:

1) The opportunities individuals have to decline to provide information, for instances where providing information is voluntary. 2) The opportunities individuals have to grant consent for particular uses of the information. 3) How individuals may grant consent.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
		SECTION COMPLETED
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "YES" and submit again.
		Section Update Date

Section 5.5 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.

		The Privacy Service has reviewed this section. Please make the modifications described below.
		The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "YES" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

5.6 Data Quality

5.6.a) Explain how collected data are limited to required elements:

Administrative data used to identify the veterans, and non-veterans (general public), to correspond to/from (name and address) is necessary to provide for the needs of our veteran patients. Veterans complete VA forms for healthcare and benefits, and GLA staff verify the completeness and accuracy of the data by verifying with the veterans, with our medical records, and by talking to healthcare providers.

5.6.b) How is data checked for completeness?

Veterans complete VA forms for healthcare and benefits, and GLA staff verify the completeness and accuracy of the data by verifying with the veterans, with our medical records, and by talking to healthcare providers.

5.6.c) What steps or procedures are taken to ensure the data are current and not out of date?

In our VistA Legacy system, clinical data and administrative data is never deleted, just updated.

5.6.d) How is new data verified for relevance, authenticity and accuracy?

Veterans complete VA forms for healthcare and benefits, and GLA staff verify the completeness and accuracy of the data by verifying with the veterans, with our medical records, and by talking to healthcare providers.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
		SECTION COMPLETED
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "YES" and submit again.
		Section Update Date

Section 5.6 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
		The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "YES" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

6. Use and Disclosure

6.1 User Access and Data Sharing

Identify the individuals and organizations that have access to system data.

--> Individuals - Access granted to individuals should be limited to the data needed to perform their assigned duties. Individuals with access to personal information stored in project system must be identified, and documented assurance must be provided that appropriate policies and procedures are in place to prevent as well as detect unauthorized access and browsing.

--> Other Agencies – Any Federal, State or local agencies that have authorized access to collected personal information must be identified, and documented assurance must be provided that appropriate policies and procedures are in place to protect personal information.

--> Other Systems – Information systems of other programs or projects that interface with the information system(s) of this project must be identified and the transferred data must be defined. Also, the controls that are in place to ensure that only the defined data are transmitted must be defined.

6.1.a) Identify all individuals and organizations that will have access to collected information. Select all applicable items below.

YES **System Users**

GLA users are granted access to systems and databases to specifically align their access to information with their role within the organization and to perform job duties appropriate for their position (access is granted on a minimal need to know basis) in accordance with HIPAA security standards

YES **System Owner, Project Manager**

Access will be granted to systems and databases to specifically align their access to information with their role within the organization and to perform job duties appropriate for their position (access is granted on a minimal need to know basis) in accordance with HIPAA security

standards

YES	**System Administrator**

GLA system administrators are granted access to systems and databases to specifically align their access to information with their role within the organization and to perform job duties appropriate for their position (access is granted on a minimal need to know basis) in accordance with HIPAA security standards

YES	**Contractor**

GLA contractors/users are granted access to systems and databases to specifically align their access to information with their role within the organization, as defined by their contract with our facility, and to perform job duties appropriate for their position (access is granted on a minimal need to know basis) in accordance with HIPAA security standards

If contractors to VA have access to the system, describe their role and the extent of access that is granted to them. Also, identify the contract(s) that they operate under.

No	**Internal Sharing: Veteran Organization**

If information is shared internally, with other VA organizations identify the organization(s). For each organization, identify the information that is shared and for what purpose.

No	**Other Veteran Organization**

If information is shared with a Veteran organization other than VA, identify the organization(s). For each organization, identify the information that is shared and for what purpose.

No	**Other Federal Government Agency**

If information is shared with another Federal government agency(ies), identify the agency(ies). For each organization, identify the information that is shared and for what purpose.

No	**State Government Agency**

If information is shared with a State government agency(ies), identify the agency(ies). For each organization, identify the information that is shared and for what purpose.

No	**Local Government Agency**

If information is shared with a local government agency(ies), identify the agency(ies). For each organization, identify the information that is shared and for what purpose.

No	**Other Project/ System**

If information is shared with other projects or systems:

1) Identify the other projects and/or systems, and briefly describe the data sharing. 2) For each project and/or system with which information will be shared, identify the information that will be shared with that project or system. 3) For each project and/or system with which information will be shared, describe why information is shared. 4) For each project and/or system with which information will be shared, describe who will be responsible for protecting the privacy rights of the individuals whose data will be shared across this interface.

No	**Other User(s)**

If information is shared with persons or organization(s) that are not described by the categories provided, use this field to identify and describe what other persons or organization(s) have access to personal information stored on project systems. Also, briefly describe the data sharing.

6.1.a.1) Describe here who has access to personal information maintained in project's IT systems:

GLA users are granted access to systems and databases to specifically align their access to information with their role within the organization and to perform job duties appropriate for their position (access is granted on a minimal need to know basis) in accordance with HIPAA security standards

6.1.b) How is access to the data determined?

On a need to know basis.

6.1.c) Are criteria, procedures, controls, and responsibilities regarding access documented? If so, identify the documents.

YES, VHA Directive and Handbook 6500, VHA 1605.1, VHA 1605.2, and VHA 1605.3

6.1.d) Will users have access to all data on the project systems or will user access be restricted? Explain.

GLA users are granted access to systems and databases to specifically align their access to information with their role within the organization and to perform job duties appropriate for their position (access is granted on a minimal need to know basis) in accordance with HIPAA security

standards

6.1.e) What controls are in place to prevent the misuse (e.g. unauthorized browsing) of data by those having access? (Please list processes and training materials that specifically relate to unauthorized browsing)

VHA Directive and Handbook 6500, VA National Rules of Behavior, local GLA policy 00-10A-IRM-01, Automated Information Systems (AIS) Security Program

6.1.f) Is personal information shared (is access provided to anyone other than the system users, system owner, Project Manager, System Administrator)? (YES/No)

No

Note: If you have selected No above, then SKIP to question 6.2, "Access to Records and Requests for Corrections".

6.1.g) Identify the measures taken to protect the privacy rights of the individuals whose data will be shared.

6.1.h) Identify who is responsible, once personal information leaves your project's IT system(s), for ensuring that the information is protected.

6.1.i) Describe how personal information that is shared is transmitted or disclosed.

6.1.j) Is a Memorandum of Understanding (MOU), contract, or any other agreement in place with all external organizations with whom information is shared, and does the agreement reflect the scope of the information currently shared? If an MOU is not in place, is the sharing covered by a routine use in the System of Records Notice? If not, explain the steps being taken to address this omission.

6.1.k) How is the shared information secured by the recipient?

6.1.l) What type of training is required for users from agencies outside VA prior to receiving access to the information?

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
		SECTION COMPLETED
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "YES" and submit again.
		Section Update Date

Section 6.1 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
		The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "YES" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

6.2 Access to Records and Requests for Corrections

The Privacy Act and VA policy provide certain rights and mechanisms by which individuals may request access to and amendment of information relating to them that is retained in a System of Records.

6.2.a) How can individuals view instructions for accessing or amending data related to them that is maintained by VA? (Select all applicable options below.)

NO	**The application will provide a link that leads to their information.**
NO	**The application will provide, via link or where data is collected, written instructions on how to access/amend their information.**
NO	**The application will provide a phone number of a VA representative who will provide instructions.**
NO	**The application will use other method (explain below).**
NO	**The application is exempt from needing to provide access.**

6.2.b) What are the procedures that allow individuals to gain access to their own information?

A veteran can come in person to any VA Greater Los Angeles Healthcare System campus, sign the required release of information forms, and gain access to the information they need, or they can go directly to the Freedom of Information Act (FOIA) website at https://www.va.gov/oit/cio/foia/guide.asp

6.2.c) What are the procedures for correcting erroneous information?

The veteran can come in in person, make a telephone call, or write to any of the VA Greater Los Angeles Healthcare System business offices/HIMS, to correct erroneous information in his/her medical file..

6.2.d) If no redress is provided, are alternatives available?

This is addressed on the FOIA website at https://www.va.gov/oit/cio/foia/guide.asp.

If veterans do not agree with any decision regarding the release of records, they may appeal to VA's General Counsel. By submitting a written request directly to:

Department of Veterans Affairs
Office of the General Counsel (024)
810 Vermont Avenue, NW
Washington, DC 20420

6.2.e) Provide here any additional explanation; if exempt, explain why the application is exempt from providing access and amendment.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
		SECTION COMPLETED
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "YES" and submit again.
		Section Update Date

Section 6.2 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
		The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "YES" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

7 Retention and Disposal

By completing this section, you provide documented assurance that proper data retention and disposal practices are in place.

The "Retention and disposal" section of the applicable System of Records Notice(s) often provides appropriate and sufficiently detailed documented data retention and disposal practices specific to your project.

VA HBK 6300.1 Records Management Procedures explains the Records Control Schedule procedures.
System of Records Notices may be accessed via:
http://vaww.vhaco.va.gov//privacy/SystemofRecords.htm
or
http://vaww.va.gov/foia/err/enhanced/privacy_act/privacy_act.html
For VHA projects, VHA Handbook 1907.1 (Section 6j) and VHA Records Control Schedule 10-1 provide more general guidance.
VHA Handbook 1907.1 may be accessed at:
http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=434
For VBA projects, Records Control Schedule (RCS) VB-1 provides more general guidance. VBA Records Control Schedule (RCS) VB-1 may be accessed via the URL listed below.
Start by looking at the http://www.warms.vba.va.gov/20rcs.html

7.a) What is the data retention period? Given the purpose of retaining the information, explain why the information is needed for the indicated period.

Clinical information is retained in accordance with VA Records Control Schedule 10-1. Demographic information is updated as applications for care are submitted and retained in accordance with VA Records Control Schedule 10-1.

7.b) What are the procedures for eliminating data at the end of the retention period?

Electronic Final Version of Patient Medical Record is destroyed/deleted 75 years after the last episode of patient care as instructed in VA Records Control Schedule 10-1, Item XLIII, 2.b. (page 190). At the present time, VistA Imaging retains all images. We are performing a study to explore whether some images can be eliminated on an earlier schedule.

7.c) Where are procedures documented?

VA Handbook 6300; Record Control Schedule 10-1.

7.d) How are data retention procedures enforced?

VA Records Control Schedule 10-1 (page 8):
Records Management Responsibilities

The Health Information Resources Service (HIRS) is responsible for developing policies and procedures for effective and efficient records management throughout VHA. In addition, HIRS acts as the liaison between VHA and National Archives and Records Administration (NARA) on issues pertaining to records management practices and procedures.

Field records officers are responsible for records management activities at their facilities.

Program officials are responsible for creating, maintaining, protecting, and disposing of records in their program area in accordance with NARA regulations and VA policy.

All VHA employees are responsible to ensure that records are created, maintained, protected, and disposed of in accordance with NARA regulations and VA policies and procedures.
Disposition of Records

7.e) If applicable, has the retention schedule been approved by the National Archives and Records Administration (NARA)?

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
		SECTION COMPLETED
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "YES" and submit again.
		Section Update Date

Section 7 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
		The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "YES" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

8 SECURITY

OMB Guidance for Implementing the Privacy Provisions of the E-Government Act of 2002, (OMB M-03-22) specifies that privacy impact assessments must address how collected information will be secured.

8.1 General Security Measures

8.1.a) Per OMB guidance, citing requirements of the Federal Information Security Management Act, address the following items (select all applicable boxes.):

YES	The project is following IT security requirements and procedures required by federal law and policy to ensure that information is appropriately secured.
YES	The project has conducted a risk assessment, identified appropriate security controls to protect against that risk, and implemented those controls.
YES	Security monitoring, testing, and evaluating are conducted on a regular basis to ensure that controls continue to work properly, safeguarding the information.

8.1.b) Describe the security monitoring, testing, and evaluating that is conducted on a regular basis:

User access is controlled and limited by IT based on positive user identification. Authentication mechanisms support the minimum requirements of access control, least privilege, and system integrity for all platforms.

Certification and Accreditation of computer systems: VA authorizes all systems for processing before operations and updates the authorization every three years. All VA systems must be certified and accredited in accordance with NIST Special Publication 800-37, "Guide for the Security Certification and Accreditation of Federal Information Systems" and VA guidance. Security certification and accreditation are important activities that support a risk management process and are an integral part of this facility's information security program. VA officials sign and approve the security accreditation.

8.1.c) Is adequate physical security in place to protect against unauthorized access?

YES

8.2 Project-Specific Security Measures

8.2.a) Provide a specific description of how collected information will be secured.

• A concise description of how data will be protected against unauthorized access, unauthorized modification, and how the availability of the system will be protected.

• A concise description of the administrative controls (Security Plans, Rules of Behavior, Procedures for establishing user accounts, etc.).

• A concise description of the technical controls (Access Controls, Intrusion Detection, etc.) that will be in place to safeguard the information.

• Describe any types of controls that may be in place to ensure that information is used in accordance with the above described uses. For example, are audit logs regularly reviewed to ensure appropriate use of information? Are strict disciplinary programs in place if an individual is found to be inappropriately using the information?

Note: Administrative and technical safeguards must be specific to the system covered by the PIA, rather than an overall description of how the VA's network is secured. Does the project/system have its own security controls, independent of the VA network? If so, describe these controls.

VistA Legacy user access is controlled and limited by IT based on positive user identification. NT

authentication mechanisms support the minimum requirements of access control, least privilege, and system integrity for all platforms.

Certification and Accreditation of computer systems: VA authorizes all systems for processing before operations and updates the authorization every three years. All VA systems must be certified and accredited in accordance with NIST Special Publication 800-37, "Guide for the Security Certification and Accreditation of Federal Information Systems" and VA guidance. Security certification and accreditation are important activities that support a risk management process and are an integral part of this facility's information security program. VA officials sign and approve the security accreditation.

Last C&A of the GLA VistA Legacy system was conducted in 2005.

8.2.b) Explain how the project meets IT security requirements and procedures required by federal law.

At the Department level the CIO's Office of Cyber & Information Security (OCIS) is responsible for the establishment of directives, policies, & procedures which are consistent with the provisions of Federal Information Security Management Act (FISMA) as well as guidance issued by the Office of Management & Budget (OMB), the National Institute of Standards & Technology (NIST), & other requirements that VistA-Legacy is and has been subject to. In Addition, OCIS administers and manages Department-side security solutions, such as anti-virus protection, authentication, vulnerability scanning & penetration testing, & intrusion detection systems, and incident response (800-61). At the VistA-Legacy project level the project manager ensures that CIO-provided security directives are integrated into the project's security plan & implemented by VA & contractor staff throughout the project Funding needs are dependent on IT security requirements identified in the system development life cycle (800-64) (i.e. risk assessments (800-30), certification and accreditation (800-37 and 800-53)), as well as identified security weaknesses that must be corrected.

8.2.c) Explain what security risks were identified in the security risk assessment.

Earthquakes, electricity loss (brown-outs), loss of connectivity to our VistA system in Sacramento

8.2.d) Explain what security controls are being used to mitigate these risks.

Our facility participates in the County of Los Angeles and the California Emergency Preparedness training exercises throughout the year. Our site has the 2008 GLA IT Contingency Plan, CPRS Contingency Plan, and individual GLA service's contingency so everyone will know what to do in case an earthquake, electricity loss, or loss of connectivity occurs at our station.

		SECTION INCOMPLETE
	xx	**SECTION COMPLETED**
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "YES" and submit again.
		Section Update Date

Section 8 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL

		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
		The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "YES" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

9. CHANGE RECORD

OMB Memorandum M-03-22, OMB Guidance for Implementing the Privacy Provisions of the E-Government Act of 2002, mandates that PIAs address any project/ system changes that potentially create new privacy risks. By completing this section, you provide documented assurance that significant project/ system modifications have been appropriately evaluated for privacy-related impacts.

9.a Since the last PIA submitted, have any significant changes been made to the system that might impact the privacy of people whose information is retained on project systems? (YES, No, n/a: first PIA)

No

If no, then proceed to Section 10, "Children's Online Privacy Protection Act."

If YES, then please complete the information in the table below. List each significant change on a separate row. 'Significant changes' may include:

Conversions - when converting paper-based records to electronic systems;

Anonymous to Non-Anonymous - when functions applied to an existing information collection change anonymous information into information in identifiable form;

Significant System Management Changes - when new uses of an existing IT system, including application of new technologies, significantly change how information in identifiable form is managed in the system:

• For example, when an agency employs new relational database technologies or web-based processing to access multiple data stores; such additions could create a more open environment and avenues for exposure of data that previously did not exist.

Significant Merging - when agencies adopt or alter business processes so that government databases holding information in identifiable form are merged, centralized, matched with other databases or otherwise significantly manipulated:

• For example, when databases are merged to create one central source of information; such a link may aggregate data in ways that create privacy concerns not previously at issue.

New Public Access - when user-authenticating technology (e.g., password, digital certificate, biometric) is newly applied to an electronic information system accessed by members of the public;

Commercial Sources - when agencies systematically incorporate into existing information systems databases of information in identifiable form purchased or obtained from commercial or public sources. (Merely querying such a source on an ad hoc basis using existing technology does not trigger the PIA requirement);

New Interagency Uses - when agencies work together on shared functions involving significant new uses or exchanges of information in identifiable form, such as the cross-cutting E-Government initiatives; in

such cases, the lead agency should prepare the PIA;

Internal Flow or Collection - when alteration of a business process results in significant new uses or disclosures of information or incorporation into the system of additional items of information in identifiable form:

• For example, agencies that participate in E-Gov initiatives could see major changes in how they conduct business internally or collect information, as a result of new business processes or E-Gov requirements. In most cases the focus will be on integration of common processes and supporting data. Any business change that results in substantial new requirements for information in identifiable form could warrant examination of privacy issues.

Alteration in Character of Data - when new information in identifiable form added to a collection raises the risks to personal privacy (for example, the addition of health or financial information);

List All Major Project/System Modification(s)	State Justification for Modification(s)	*Concisely describe:	Modification Approver	Date

** The effect of the modification on the privacy of collected personal information*

** How any adverse effects on the privacy of collected information were mitigated.*

		SECTION INCOMPLETE
		SECTION COMPLETE
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "YES" and submit again.
		Section Update Date

Section 9 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
		The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit

		and then select "YES" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

10. CHILDREN'S ONLINE PRIVACY PROTECTION ACT

10.a) Will information be collected through the Internet from children under age 13?

No

If "No" then SKIP to Section 11, "PIA Considerations".

10.b) How will parental or guardian approval be obtained.

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
		SECTION COMPLETED
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "YES" and submit again.
		Section Update Date

Section 10 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
		The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "YES" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

11. PIA Assessment

11a) Identify what choices were made regarding the project/system or collection of information as a result of performing the PIA. Examples of choices made include reconsideration of: collection source, collection methods, controls to mitigate misuse of information, provision of consent and privacy notice, and security controls.

Our VistA Legacy system is a national VA system, and the collection sources, collection methods, controls to mitigate misuse of information, provisions of consent and privacy notice, and security controls are all governed by existing national VHA Policies, Guidelines, and Procedures.

11b) What auditing measures and technical safeguards are in place to prevent misuse of data?

The VistA Legacy Kernel software provides auditing measures and technical safeguards by identification and authentication, access control via menu management, and auditing of VistA Legacy user actions. VA FileMan, VistA Legacy's database management software, in conjunction with the Kernel, controls by providing or restricting data access.

The VistA system houses the official patient and business data while the Windows NT system provides the major conduit for access to the Vista system and provide for storage and management of support information to facilitate the business operations at the facility. Both systems control access by establishing account lists and a logon process that requires a user to supply a valid account name and password for authentication. Both systems restrict access to the operating system and data by keys and access tokens whose characteristics are set for each user or group by an administrator with the rights to do so. No access to Windows or VistA is granted without logon authentication.

11c) Availability assessment: If the data being collected is not available to process for any reason what will the potential impact be upon the system or organization?

YES	**The potential impact is high if the loss of availability could be expected to have a severe or catastrophic adverse effect on operations, assets, or individuals.** **The availability of data being collected, but not available, would be a high risk in case of a disaster and would affect direct patient care. However, our facility participates in the County of Los Angeles and the California Emergency Preparedness training exercises throughout the year, and is prepared. Our site has the 2008 GLA IT Contingency Plan, CPRS Contingency Plan, and individual GLA service's contingency so everyone will know what to do in case an earthquake, electricity loss, or loss of connectivity occurs at our station. Additionally, our VistA Legacy database uses incremental backups and it is housed in Sacramento, California, (about 615 miles from the main facility), and VistA Legacy database backups are housed in Denver, Colorado (about 1700 miles from our main facility).**
	The potential impact is moderate if the loss of availability could be expected to have a serious adverse effect on operations, assets, or individuals.
	The potential impact is low if the loss of availability could be expected to have a limited adverse effect on organizational operations, organizational assets, or individuals.

11d) Integrity assessment: If the data being collected has been corrupted for any reason what will the potential impact be upon the system or organization?

	The potential impact is high if the loss of integrity could be expected to have a severe or catastrophic adverse effect on operations, assets, or individuals.

No	**The potential impact is <u>moderate</u> if the loss of integrity could be expected to have a serious adverse effect on operations, assets, or individuals.**
YES	**The potential impact is <u>low</u> if the loss of integrity could be expected to have a limited adverse effect on organizational operations, organizational assets, or individuals.** **The integrity of the data being collected or getting corrupted would be a low risk. The GLA VistA Legacy database uses incremental backups (each keystroke is recorded and journaled), and the main database is housed in Sacramento, California, (about 615 miles from the main facility), and VistA Legacy database backups are housed in Denver, Colorado (about 1700 miles from our main facility.** **Additionally, our facility participates in the County of Los Angeles and the California Emergency Preparedness training exercises throughout the year, and is prepared. Our site has the 2008 GLA IT Contingency Plan, CPRS Contingency Plan, and individual GLA service's contingency so everyone will know what to do in case an earthquake, electricity loss, or loss of connectivity occurs at our station**

11e) Confidentiality assessment: If the data being collected has been shared with unauthorized individuals what will the potential impact be upon the system or organization?

NO	**The potential impact is <u>high</u> if the loss of confidentiality could be expected to have a severe or catastrophic adverse effect on operations, assets, or individuals.**
No	**The potential impact is <u>moderate</u> if the loss of confidentiality could be expected to have a serious adverse effect on operations, assets, or individuals.**
YES	**The potential impact is <u>low</u> if the loss of confidentiality could be expected to have a limited adverse effect on organizational operations, organizational assets, or individuals.** **The VistA Legacy system does not currently provide public access to the system**

11f) What was the highest impact from questions 11c, 11d, and 11e?

The highest impact that could affect our facility would be a natural disaster (earthquake), that could affect the ability of GLA to provide patient care. This could have severe or catastrophic adverse effect upon GLA operations, assets, or staff and patients.

However, we feel we are prepared because our facility participates in the County of Los Angeles and the California Emergency Preparedness training exercises throughout the year, and is prepared. Our site has the 2008 GLA IT Contingency Plan, CPRS Contingency Plan, and individual GLA service's contingency so everyone will know what to do in case an earthquake, electricity loss, or loss of connectivity occurs at our station. Additionally, our VistA Legacy database uses incremental backups and it is housed in Sacramento, California, (about 615 miles from the main facility), and VistA Legacy database backups are housed in Denver, Colorado (about 1700 miles from our main facility).

11g) What controls are being considered for this impact level?

We feel we are prepared because our facility participates in the County of Los Angeles and the California Emergency Preparedness training exercises throughout the year, and is prepared. Our site has the 2008 GLA IT Contingency Plan, CPRS Contingency Plan, and individual GLA service's contingency so everyone will know what to do in case an earthquake, electricity loss, or loss of connectivity occurs at our station. Additionally, our VistA Legacy database uses incremental backups and it is housed in Sacramento,

California, (about 615 miles from the main facility), and VistA Legacy database backups are housed in Denver, Colorado (about 1700 miles from our main facility).

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
		SECTION COMPLETED
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "YES" and submit again.
		Section Update Date

Section 11 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
		The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "YES" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

12. PUBLIC AVAILABILITY

The Electronic Government Act of 2002 requires that VA make this PIA available to the public. This section is intended to provide documented assurance that the PIA is reviewed for any potentially sensitive information that should be removed from the version of the PIA that is made available to the public.

The following guidance is excerpted from M-03-22, "OMB Guidance for Implementing the Privacy Provisions of the E-Government Act of 2002," Section II.C.3, "Review and Publication": iii. Agencies must ensure that the PIA document and, if prepared, summary, are made publicly available (consistent with executive branch policy on the release of information about systems for which funding is proposed).

1. Agencies may determine to not make the PIA document or summary publicly available to the extent that publication would raise security concerns, reveal classified (i.e., national security) information or

sensitive information (e.g., potentially damaging to a national interest, law enforcement effort or competitive business interest) contained in an assessment9. Such information shall be protected and handled consistent with the Freedom of Information Act (FOIA).

2. Agencies should not include information in identifiable form in their privacy impact assessments, as there is no need for the PIA to include such information. Thus, agencies may not seek to avoid making the PIA publicly available on these grounds.

12.a) Does this PIA contain any sensitive information that could cause harm to the Department of Veterans Affairs or any party if disclosed to the public?

No

12.b) If YES, specify:

ADDITIONAL INFORMATION: (Provide any necessary clarifying information or additional explanation for this section.)

		SECTION INCOMPLETE
		SECTION COMPLETED
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "YES" and submit again.
		Section Update Date

Section 12 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
		The Privacy Service has reviewed and approved the responses in this section.
**	**NOTE:**	If you are resubmitting your REVIEW or if you already have an YES, then first select "NO Value" and submit
		and then select "YES" and submit again.
		Section Review Date

PRIVACY SERVICE COMMENTS: (Include reviewers Name and Contact)

13. ACCEPTANCE OF RESPONSIBILITY AND ACKNOWLEDGEMENT OF ACCOUNTABILITY:

13.1) I have carefully reviewed the responses to each of the questions in this PIA. I am responsible for funding and procuring, developing, and integrating privacy and security controls into the project. I understand that integrating privacy and security considerations into the project may affect the development time and cost of this project and must be planned for accordingly. I will ensure that VA privacy and information security policies, guidelines, and procedures are followed in the development, integration, and, if applicable, the operation and maintenance of this application.

_____ (original signature required)
Eric Raffin, FACHE, FHIMSS
Acting Deputy Executive Director, Western Division
OI&T Field Operations and Development

13.2) Project Manager/Owner Name and Date (mm/dd/yyyy)

Name/Title: **Eric Raffin, FACHE, FHIMSS (08/07/08)**
Acting Deputy Executive Director, Western Division
OI&T Field Operations and Development

ADDITIONAL INFORMATION: (Provide any necessa[pril ry clarifying information or additional explanation for this section.)

Phone: **(916) 258-7288**

_____ (original signature required)
Eric Raffin, FACHE, FHIMSS
Acting Deputy Executive Director, Western Division
OI&T Field Operations and Development

13.2) Project Manager/Owner Name and Date (mm/dd/yyyy)

Name/Title: **Eric Raffin, FACHE, FHIMSS (08/07/08)**
Acting Deputy Executive Director, Western Division
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OI&T Field Operations and Development

13.2) Project Manager/Owner Name and Date (mm/dd/yyyy)

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Acting Deputy Executive Director, Western Division
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Acting Deputy Executive Director, Western Division
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Acting Deputy Executive Director, Western Division
OI&T Field Operations and Development

13.2) Project Manager/Owner Name and Date (mm/dd/yyyy)

Name/Title: **Eric Raffin, FACHE, FHIMSS (08/07/08)**
Acting Deputy Executive Director, Western Division
OI&T Field Operations and Development

ADDITIONAL INFORMATION: (Provide any necessa[pril ry clarifying information or additional explanation for this section.)

Phone: **(916) 258-7288**

		SECTION INCOMPLETE

		SECTION COMPLETED
		I have completed and reviewed my responses in this section.
**	**NOTE:**	If you are resubmitting your updates, first select "NO Value" from the dropdown and submit and then select "YES" and submit again.
		Section Update Date

Section 13 Review:

		PRIVACY SERVICE SECTION REVIEW AND APPROVAL
		The Privacy Service has not reviewed this section.
		The Privacy Service has reviewed this section. Please make the modifications described below.
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